		PART B	- FEE(S)	TRANSM	ITTAL		
MAY 1 4 2004	applicable fee(s), to: Mail  or Fax		P.O P.O Ale: <u>Fax</u> (703	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000		Should be completed when	
appropriate. All further cor indicated unless corrected to maintenance fee notification	respondence including the Foelow or directed otherwise as.	eatent, advance ordin Block 1, by (a)	ders and noti ) specifying	ification of ma	aintenance fees ondence addres	quired). Blocks 1 through 4 will be mailed to the currents; and/or (b) indicating a sep	t correspondence address as parate "FEE ADDRESS" for
25859 75 WEI TE CHUNG		with any corrections or	use Block 1)	Fee(s paper have	) Transmittal. 1 s. Each additio its own certific	of mailing can only be used This certificate cannot be used nal paper, such as an assignmate of mailing or transmission ertificate of Mailing or Tran	for any other accompanying tent or formal drawing, must
FOXCONN INTERNATIONAL, INC. 1650 MEMOREX DRIVE SANTA CLARA, CA 95050				States addre transi	by certify that s Postal Service ssed to the M mitted to the US	this Fee(s) Transmittal is beigge with sufficient postage for frail Stop ISSUE FEE address SPTO, on the date indicated be WEI TE	ng deposited with the United rst class mail in an envelope s above, or being facsimile clow.  CHUNG positor's name)
						W 2n C	(Signature)
APPLICATION NO.	EILING DATE		EIDCT MAME	D INVENTOR	T/M	ATTORNEY DOCUTE NO	
10/626,255	FILING DATE 07/23/2003	· · · · · · · · · · · · · · · · · · ·		ao Kuo		ATTORNEY DOCKET NO.	CONFIRMATION NO.
	LECTRICAL CONNECTOR						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE			ATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1330		\$300		\$1630	05/10/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS			
GUSHI, ROSS N		2833	2833 439-484000				
1. Change of correspondence CFR 1.363).	e Address" (37	2. For prinames of	EI TE CHUNG				
☐ Change of correspondence address (or Change of Correspon Address form PTO/SB/122) attached.			agents OF firm (havi agent) and				
☐ "Fee Address" indicati PTO/SB/47; Rev 03-02 of Number is required.	on form of a Customer	form					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	Γ (print or type	:)		
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(Authorized Signature) CH	IDNG XXI	(Date)	יולה בי	16			
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1330.00 OP 300.00 OP

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